



ACCOUNTANCY APPLICATION, FORM #1

State Form 49209 (R / 8-99)

Approved by State Board of Accounts, 1999

Indiana Professional Licensing Agency
302 W. Washington St., Room E034
Indianapolis, Indiana 46204
(317) 232-2980

The reverse side of this form lists the requirements for each type of application filed.
All information will be verified. Make checks payable to Indiana Board of Accountancy.

GENERAL INFORMATION

Please check one:

☐ CPA certificate ☐ AP certificate ☐ Reciprocity certificate ☐ Transfer of grades

Date (month, day, year)	Telephone number (home)	Telephone number (business)	Date of birth (month, day, year)
Social Security number *		* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.	
Name of applicant (last, first, middle)			
Address (number and street, city, state, ZIP code)			
Mailing address (number and street, city, state, ZIP code)			

Have you ever been convicted of:

- A. An act which would constitute a ground for disciplinary sanction under IC 24-2-1-13.1 (b)
B. A felony that has a direct bearing on your ability to practice competently

☐ Yes ☐ No
☐ Yes ☐ No

If yes, please attach supporting documentation relevant to the conviction.

Date you passed the CPA examination (month, day, year)	Name of state in which you passed the examination		
Do you hold a license in good standing as a certified public accountant from a state other than Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state where issued	License number	Date issued
Are you an employee of a certified public accountant practicing in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name and address of employer		

NOTARY CERTIFICATE

STATE OF _____

SS:

COUNTY OF _____

I, _____, first being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application and all attachments, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to (Notary Public)	County of residence	Date Commission expires

REQUIREMENTS FOR APPLICATIONS:	FEE:
<p>TRANSFER OF CPA EXAMINATION GRADES</p> <p>FORM #1</p> <p>Certified college or university transcript showing receipt of baccalaureate degree and bearing the imprint of the seal of the school.</p> <p>A recent 2" x 2" photograph. Sign your name on the front of the photograph.</p> <p>Applicant must be eighteen (18) years of age. At the time of filing an application, each applicant must have lived in Indiana for the immediate preceding sixty (60) days or maintained permanent legal residence in Indiana for the preceding six (6) months.</p> <p>An applicant for the Certificate of Certified Public Accountant who has written the Uniform Certified Public Accountant examination under the jurisdiction of another state may be given credit for subjects passed. If the candidate has failed to receive a passing grade in all subjects but has passed two (2) or more subjects at one (1) sitting, in accordance with 872 IAC 1-1-19, and if such grades were as determined by the Advisory Grading Service of the Board of Examiners to the American Institute of Certified Public Accountants, then, conditioned credit may be given by the Board for successfully passing those subjects, provided that the applicant met all requirements of IC 25-2-1 and of the Board at the time of writing the examination. A transfer of grades certification form will be mailed directly to the state of jurisdiction by the Indiana Board of Accountancy.</p>	<p>\$40 (<i>payment required with application</i>)</p>
<p>ISSUANCE OF AN INDIANA CPA CERTIFICATE</p> <p>FORM #1</p> <p>FORM #2; PART I - Educational Background</p> <p>FORM #3; PART I - Accounting Experience</p> <p>Official transcript from university conferring an advanced degree.</p> <p>Work experience that began under IC 25-2-1 will be recognized after December 31, 1993, providing that you are currently employed by that employer. If you began new employment on or after January 1, 1994, your experience will be reviewed under IC 25-2.1.</p>	<p>No fee with application. Fee due upon approval.</p> <p>\$45 1st year of triennial license period \$30 2nd year of triennial license period \$15 3rd year of triennial license period</p>
<p>ISSUANCE OF AN INDIANA AP CERTIFICATE</p> <p>FORM #1</p> <p>FORM #2; PART II - Educational Background</p> <p>Certified college or university transcript showing receipt of baccalaureate degree and bearing the imprint of the seal of the school.</p>	<p>\$45 1st year of triennial license period \$30 2nd year of triennial license period \$15 3rd year of triennial license period (<i>payment not required with application</i>) (<i>payment is required for issuance of the license within one year of the approval date</i>)</p>
<p>ISSUANCE OF A RECIPROCAL CPA CERTIFICATE</p> <p>FORM #1</p> <p>FORM #3; PART I - ACCOUNTING EXPERIENCE</p> <p>FORM #3; PART II - SUMMARY OF ACCOUNTING EXPERIENCE</p> <p>The Indiana Board of Accountancy may issue a certified public accountant certificate without examination to an applicant meeting the following qualifications.</p> <p>The applicant must:</p> <ol style="list-style-type: none"> 1. Be the holder of a certificate, license or permit issued by another state. 2. Meet the requirements of IC 25-2.1-4-4 and any other requirements the Board may establish. <p>Certified college or university transcript showing receipt of baccalaureate degree and bearing the imprint of the seal of the school.</p> <p>License certification from state(s) in which applicant is licensed.</p>	<p>\$50 (<i>payment required with application</i>)</p>

NOTE: Application shall be deemed properly filed upon receipt of all experience verifications.

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Name of applicant (<i>last, first, middle</i>)	Social Security number *
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PART I - CERTIFIED PUBLIC ACCOUNTANT INFORMATION		Office Use Only
CONFIRMATION OF DEGREE		
Do you have an Advanced Degree in Accounting or Business Administration? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		Date Degree conferred (<i>month, day, year</i>)
Name and address of institution conferring degree:		
PART II - ACCOUNTING PRACTITIONER INFORMATION		
CONFIRMATION OF DEGREE / EDUCATION REQUIREMENTS		
Have you been conferred a Baccalaureate degree? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		Date Degree conferred (<i>month, day, year</i>)
Name and address of institution conferring Baccalaureate degree:		
List other education if no Baccalaureate degree:		
EXAMINATION INFORMATION		
Date you passed Accounting & Reporting (ARE) examination		
Date you passed Financial Accounting & Reporting (FARE) examination		
Name of state in which you passed your examination(s)		

ACCOUNTING EXPERIENCE, FORM #3

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Name of applicant (<i>last, first, middle</i>)	Social Security number *
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PART I - ORIGINAL / RECIPROCAL CPA LICENSE			Office Use Only
Name of present employer	Accounting firm permit number	Date employed: From To	
Address (<i>number and street, city, state, ZIP code</i>)		Telephone number	
Name of supervising licensee		License number	
Brief job description			
Name of past employer	Accounting firm permit number	Date employed: From To	
Address (<i>number and street, city, state, ZIP code</i>)		Telephone number	
Name of supervising licensee		License number	
Brief job description			
Name of past employer	Accounting firm permit number	Date employed: From To	
Address (<i>number and street, city, state, ZIP code</i>)		Telephone number	
Name of supervising licensee		License number	
Brief job description			
Name of past employer	Accounting firm permit number	Date employed: From To	
Address (<i>number and street, city, state, ZIP code</i>)		Telephone number	
Name of supervising licensee		License number	
Brief job description			

(Over)

Name of past employer	Accounting firm permit number	Date employed: From To	Office Use Only
Address (number and street, city, state, ZIP code)		Telephone number	
Name of supervising licensee		License number	
Brief job description			
Name of past employer	Accounting firm permit number	Date employed: From To	
Address (number and street, city, state, ZIP code)		Telephone number	
Name of supervising licensee		License number	
Brief job description			
Name of past employer	Accounting firm permit number	Date employed: From To	
Address (number and street, city, state, ZIP code)		Telephone number	
Name of supervising licensee		License number	
Brief job description			
Name of past employer	Accounting firm permit number	Date employed: From To	
Address (number and street, city, state, ZIP code)		Telephone number	
Name of supervising licensee		License number	
Brief job description			

PART II - RECIPROCAL CPA LICENSE	
SUMMARY OF ACCOUNTING EXPERIENCE	
Number of years you have practiced as a certified public accountant	Have you pursued any other business activity during this time period? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
	If Yes, state nature of business and period of time so engaged.